DECLARATION FOR UTILITY OR DESIGN PATENT APPLACATION (37 CFR 1.63)

Declaration
Submitted with
Initial Filing

OR

X Declaration
Submitted after Initial
Filing (surcharge (37
CFR 1.16(e)) required)

Attorney Docket Number	UCSF-085CIP					
First Named Inventor	Jay Nadel, et al SEVED					
COMPLETE IF KNOWN						
Application Number	09/616,223 SEP 13 Th					
Filing Date	July 14, 2000					
Group Art Unit	N/A RECEIVI					
Examiner Name	N/A					

AUG U 1 200

As a below n	amed invent	or. I heret	ov declare	that:

My residence, post office address, and citizenship are as stated below next to my name.

TECH CENTER 1600/2900

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: *Preventing Airway Mucus Production By Administration of EGF-R Antagonists*

the specification of which:

15	attached	hereto

OR

X was filed on July 14, 2000 as United States Application Number or PCT International Application Number 09/616,223 and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined by 37 CFR 1.56.

Insofar as the subject matter of each of the claims of this application are not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designating at least one country other than the United States of America, listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) having a filing date before that of the application(s) of which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
·					_
			<u> </u>		
				<u> </u>	
				<u> </u>	

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)				
60/097,023	08/18/1998				

I hereby claim the designating the Un	ited States of Americ			eu States	apprication(s	,, 0. 303(0) 01		тапона аррі	ication(s)	
U.S. Parent Application or PCT Parent Number					Parent Filing Date (MM/DD/YYYY)		F	Parent Patent Number (if applicable)		
09/375,597					08/1	7/1999				
		DIRI	ECT ALI	. CORI	RESPOND	ENCE TO:	:	RE(CEIVED	
Name	Paula A. Borde	Paula A. Borden							. 1	
Address	BOZICEVIC, I	BOZICEVIC, FIELD & FRANCIS LLP							0 1 2002	
Address	200 Middlefiel	200 Middlefield Road, Suite 200 TECH CENTER 160						NTER 1600/29		
City, State, Zip	Menlo Park, Ca	alifornia	94025							
Country	U.S.A.			Tele	phone	650-327-340	0 Facsi	mile	550-327-3231	
believed to be true punishable by fine	at all statements mades; and further that thes or imprisonment, or patent issued thereon	e stateme both, unc	ents were m	ade with	the knowledg	ge that willful f	alse statemen	ts and the like	so made are	
Name of Sole or	First Inventor:	_							·	
Give	en Name (first and m	iddle [if a	any])		Family Name or Surname					
Jay A.				1	Nadel				_	
Inventor's Signature	Jay a	·no	rdel	/	diag p			aug 4,	4,200	
Residence: City	San Francisco		State	CA	Country	Country USA		Citizenship	USA	
Post Office Address	The University of Cardiovascul	California ar Re	,San Fr search	anciso Instit	o ute					
Post Office Address	•	Department of Medicine 505 Parnassus Avenue, M-1325								
City	San Francisco	State	CA	Zip	94143-013	0 .	Country	USA		
N	T									
Name of Second		aal- me				r.	Un Name - C	·		
Given Name (first and middle [if any])				Family Name or Surname Takeyama						
Kiyoshi ————————————————————————————————————					1 any ana			Date	1	
Signature				r	r					
Residence: City	Tokyo		State _ Country JAPAN		PAN	Citizenship	JAPAN			
Post Office Address	4-6-1-108,	meri eta.	\$;	ar j.	eng en j	an sign fire	Maril 16:			
Post Office Address	Setagaya-ku		<<							
City	Tokyo	State	Γ.	Zip	158-0095 Country		Country	JAPAOV.		

F:\DOCUMENT\UCSF (formerly 9076)\085cip\declartion.wpd